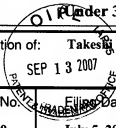
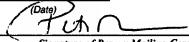
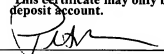


<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b>				Docket No. <b>18969</b>	
In Re Application of: <b>Takeshi Yokoi, et al.</b>					
					
Application No. <b>10/541,369</b>	Filing Date <b>July 5, 2005</b>	Examiner <b>Unassigned</b>	Customer No. <b>23389</b>	Group Art Unit <b>3736</b>	Confirmation No. <b>8936</b>
Title: <b>MEDICAL DEVICE</b>					
<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))					
<input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u><b>19-1013/SSMP</b></u> as described below.					
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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa  (Date) _____  Signature _____  Typed or Printed Name of Person Signing Certificate _____			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>September 10, 2007</u> (Date)  Signature of Person Mailing Correspondence Peter I. Bernstein Typed or Printed Name of Person Mailing Certificate _____		
*This certificate may only be used if paying by deposit account.  Signature			Dated: September 10, 2007		
<b>Peter I. Bernstein</b> <b>Registration No. 43,497</b> <b>Scully, Scott, Murphy &amp; Presser, P.C.</b> <b>400 Garden City Plaza, Suite 300</b> <b>Garden City, New York 11530</b> <b>516-742-4343</b>					
CC:					